

USE OF ALCOHOL AND OTHER DRUGS DURING PREGNANCY

- Alcohol produces by far the most serious neurobehavioral effects in the fetus when compared to other drugs including heroin, cocaine and marijuana. (Institute of Medicine Report to Congress)
- Over three times as many women used alcohol during pregnancy than used illegal drugs. (National Institute on Drug Abuse, 1994)
- In the first nationally representative survey of drug use among pregnant women, 20.4 percent or 820,000 women reported smoking cigarettes; 18.8 percent or 757,000 women reported drinking alcohol; and 5.5 percent, or 221,000 women, used an illicit drug at least once (HHS, National Institute on Drug Abuse {NIDA}, National Pregnancy and Health Survey, NIH Publication No. 96-3819, 1996, p. xxi-xxii).
- At least one of every five pregnant women uses alcohol and/or other drugs. (Substance Abuse and the American Woman, Center on Addiction and Substance Abuse, Columbia University, June 5, 1996)
- Marijuana was used during pregnancy by an estimated 2.9 percent or 119,000 women; cocaine by 1.1 percent or 45,000 women; and a psychotherapeutic medication without physician orders by 1.5 percent or 61,000 women. Crack was the form of cocaine use most frequently reported. Observed rates of use for each of the other illicit drugs included in the survey appeared to be much lower. (National Pregnancy and Health Survey, op. cit., p. xxii).



- Black women had significantly higher rates than white women for use of any illicit drug and cocaine, and significantly higher rates than Hispanic women for use of any illicit drug and marijuana. However, the estimated number of white women using any illicit drug or marijuana was substantially greater than the number in other race/ethnic groups. In comparing differences in illicit drug use among age groups, the rates of crack cocaine use in women ages 25-29 and 30 and older were significantly higher than the rate for those under age 25. Differences by age within race/ethnic groups appeared to vary by drug, but the statistical significance of these differences was not determined. (National Pregnancy and Health Survey, op. cit., p. xxi-xxii).
- Overall and within race/ethnic groups, rates of use during pregnancy of marijuana, cocaine, and cigarettes often were significantly higher for women who were not married, currently not employed, had less than 16 years of formal education, or relied on public aid for payment of the hospital. This pattern was reversed for alcohol use, with significantly higher rates found in women who were currently employed, had completed college, or had private insurance ((National Pregnancy and Health Survey, op. cit., p. xxii).
- Estimates show 40,000 to 75,000 drug-exposed babies (1 to 2 percent of live births) to 375,000 (11 percent) are born each year. These numbers reflect maternal use of illicit drugs only and would be much larger if alcohol and nicotine were included (Cook, op. cit. p. 3).
- Cigarette smoking during pregnancy has long been associated with adverse outcomes, including low birth weight, preterm birth, and intrauterine growth retardation and with infant morbidity and mortality (including sudden infant death syndrome) (CDC, "Advance Report of Final Natality Statistics, 1993," Monthly Vital Statistics Report, Vol. 44, No. 3 Supplement, 9/95, p. 11.).



- Increased tremulousness, altered visual response patterns to a light stimulus, and some withdrawal-like crying have been noted in the newborn infants of women who smoked marijuana heavily while pregnant (Cook, op. cit., p. 26).
- Cocaine use can precipitate miscarriage or premature delivery because it raises blood pressure and increases contractions of the uterus (NIDA, "Drug Abuse and Pregnancy," Capsules, 6/94, p. 2).
- Babies born to cocaine-using mothers appear to have fewer clearly discernible withdrawal symptoms than babies exposed to heroin and other narcotics in the womb. Although cocaine-exposed newborns tend to be jittery, to cry shrilly, and to startle at even the slightest stimulation these effects have generally been attributed to neurobehavioral abnormalities rather than withdrawal (Cook, op. cit., p. 31).
- The long-term effects of perinatal cocaine exposure are yet to be established. The most consistent findings show obstetrical complications, low birth weight, smaller head circumference, abnormal neonatal behavior, and cerebral infarction at birth. Children with this exposure are easily distracted, passive and face a variety of visual-perceptual problems and difficulties with fine motor skills (SAMHSA, Office for Substance Abuse Prevention, Identifying the Needs of Drug-Affected Children: Public Policy Issues, HHS Pub. No. {ADM}92-1814, 1992, p. 3; Maternal Drug Abuse, op. cit., p. 19).
- Dramatic withdrawal symptoms are the most frequently observed consequence to newborns from prenatal narcotics exposure. Restlessness, tremulousness, disturbed sleep and feeding, stuffy nose, vomiting, diarrhea, a high-pitched cry, fever, irregular breathing, or seizures usually start within 48-72 hours. The heroin-exposed infant also sneezes, twitches, hiccups, and weeps. Occasionally, these symptoms do not begin until 2-4 weeks after delivery. This irritability, resulting from overarousal of the central nervous system, usually ends after a month, but can persist for 3 months or more (Cook, op. cit., pp. 37-38).
- Growth disturbances and other behavioral effects such as hyperactivity, shortened attention spans, temper tantrums, slowed psychomotor development, and impaired visual motor functioning have been noted in infants and older children born to opiate-dependent mothers (Ibid., p. 39).



- Caffeine intake before and during pregnancy has been associated with an increase risk of fetal loss (C Infante-Rivard, et. al., "Fetal Loss Associated with Caffeine Intake Before and During Pregnancy," Journal of the American Medical Association, Vol. 270, No. 24, 12/93, p. 2940).
- Newborns with perinatal alcohol and other drug exposure have hospital stays three times longer than those born to mothers who are drug-free (National Center on Addiction & Substance Use at Columbia University, The Cost of Substance Abuse to America's Health Care System, Report 1: Medicaid Hospital Costs, 1993, p. 40).
- Special education needs of children prenatally exposed to cocaine or crack cost \$352 million annually (NIDA, press release, 10/22/98).

References

What is Fetal Alcohol Syndrome? National Organization on Fetal Alcohol Syndrome, <http://www.nofas.org/stats.htm>.

FAS FACTS: Basic Facts About Fetal Alcohol Syndrome and Related Conditions, FAS Community Resource Center, Tucson, Arizona, <http://www.come-over.to/FASCRRC>.

Alcohol- and Other Drug-Related Birth Defects, National Council on Alcoholism and Drug Dependence, Inc. (NCADD), <http://www.ncadd.org/defects.html>.

This brochure was produced by
the Nebraska Council to Prevent Alcohol and Drug Abuse.

For more information, contact:

Alcohol and Drug Information Clearinghouse
Nebraska Council to Prevent Alcohol and Drug Abuse
<http://www.necouncil.org>
650 J Street, Suite 215, Lincoln, NE 68508
nebraskacouncil@navix.net
402-474-0930

-or-

Community Health Plaza
7101 Newport, Suite 202, Omaha, NE 68152
402-572-3075

Printed May 2001.

The Council is funded through individual, corporate and foundation support, and with state and federal funds through the Department of Health and Human Services, State of Nebraska.

